

COMMONWEALTH OF VIRGINIA
Summary of Screening of Vision and Hearing
Report from Superintendent

School Division: _____ Year: _____

Person Preparing Data: _____ Superintendent's Signature: _____

Check Level: _____ Elementary (Grade 3)

_____ Secondary (Grade 7)

_____ Secondary (Grade 10)

SCREENING	#SCREENED	NUMBER REFERRED FOR SUSPECTED DEFECT			NO REPORT FOLLOWING REFERRAL			NUMBER OF THOSE REFERRED THAT WERE SEEN BY HEALTH CARE PROVIDERS			NUMBER OF THOSE SEEN WITH CONDITION DIAGNOSED BY HEALTH CARE PROVIDER (Includes those seen once as well as those receiving ongoing active care)		
		BOY	GIRL	TOTAL	BOY	GIRL	TOTAL	BOY	GIRL	TOTAL	BOY	GIRL	TOTAL
VISION													
HEARING													

Screener should submit separate summaries for each designated grade level.